UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

ORIGINAL NOTICE OF

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
IFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB NUMBER:	3235-0076				
Expires:	April 30, 2008				
stimated average burden					
nours per response 16.00					

SEC USE ONLY

Serial

Prefix

	UNIFORM LIMITED OFFERING EX		DATE RECEIVED					
Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
Iceberg Alternative Real Esta	te I Fund Limited- Offering of Non-Voting, Participating,	Redeemable Shares, issue	Lin yariqueslassesceino					
Filing Under (Check box(es) the		Rule 506 🔲 Section	5 4(6) Section					
Type of Filing: New Filing	☐ Amendment		Section					
	A. BASIC IDENTIFICATION DAT	ГА	ADD 15 2008					
1. Enter the information reques	ted about the issuer		VbK 19 tooc					
Name of Issuer (□ check if the	is is an amendment and name has changed, and indicate	change.)	att tillianten DC					
Iceberg Alternative Real Esta	te I Fund Limited		Washington, DC					
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Num	ber (Including Area Code)					
P.O. Box 309GT, Ugland House, South Church Street, George Town, Grand Cayman, +1 345 949 8066								
Cayman Islands								
Address of Principal Business (Telephone Num	Telephone Number (Including Area Code)						
(if different from Executive Off	Same as above							
Brief Description of Business:	Investments in Real Estate Related Securities	·						
Type of Business Organization								
☐ corporation	☐ limited partnership, already formed [✓other (please specify)	: Cayman Islands					
□ business trust	[] limited partnership, to be formed		Exempted-Company					

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

Month

l0 |2

Year

lo 17

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION _____

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SEC 1972 (2-97) 1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es)that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partners			
Full Name (Last name first, Reech, Christophe	if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 309GT, Ugland House, South Church Street, George Town, Grand Cayman, Cayman Islands								
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partners			
Full Name (Last name first, Cater, Philip	if individual)							
Business or Residence Addr P.O. Box 309GT, Ugland F				yman Islands				
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partners			
Full Name (Last name first, Smith, Paul	if individual)							
Business or Residence Addr P.O. Box 309GT, Ugland I				yman Islands				
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners			
Full Name (Last name first,	if individual)							
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)					
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners			
Full Name (Last name first,	if individual)							
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)					
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners			
Full Name (Last name first,	if individual)							
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)					
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners			
Full Name (Last name first,	if individual)							
Business or Residence Addr	ress (Number and	Street, City, State, Zip C	Code)	- * ·, , *				
·	(Lise blank sheet o	r conv and use additions	Lonies of this sheet as	necessary \				

B. INFORMATION ABOUT OFFERING												
<u> </u>	· · ·		•	a.								
1 Has the	e issuer sol	d or does t	he issuer in	tend to sel	l to non-ac	credited in	vectors in t	his offering	,2		Yes	
i. iius un	0 133461 301	u, or does t			Appendix,					••••••••		
0 337	.,							idel OLOE	•			
			ment that w s of 4/9/08.					Directors.	hut in no e	event	<u>\$987,80</u>	<u> </u>
			d under th				ion of the	Directors,	Dut III IIO (. v Ciit		
											Yes	
3. Does th	he offering	permit joir	nt ownershi	p of a sing	le unit?		***************************************	••••••			🗵	
			ted for each									
			purchasers istered with									
			ed person o									
Full Name	e (I ast nam	ne first, if i	ndividual)	· <u>-</u>								·
run Nam	e (Last IIali	ie mst, m	iidividdai)									
Business	or Residen	ce Address	(Number	and Street	, City, Stat	e, Zip Code)					
Name of	Associated	Broker or 1	Dealer									
			nas Solicite									
(Check	"All States	" or check	individual (States)							🗖	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nan	ne first, if in	ndividual)									
Business	or Residen	ce Address	(Number	and Street	t, City, Stat	e, Zip Code	e)					
Name of	Associated	Broker or l	Dealer									
States in '	Which Pers	on Listed h	nas Solicite	d or Intend	s to Solicit	Purchasers						
			individual :							• • • • • • • • • • • • • • • • • • • •	🗖	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		ne first, if in			. ,					,		<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of	Associated	Broker or l	Dealer	<u> </u>					<u> </u>	<u></u>		
States in 1	Which Pers	on Listed F	nas Solicite	d or Intend	s to Solicit	Purchasers						
States in Which Person Listed has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
ſRII	(SC)	[SD]	ITNI	[TX]	rum	ודעז	[VA]	[WA]	(WV)	(WI)	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security Debt	Aggregate Offering Amou \$	nt	A:	Amount Iready Sold
	Equity-Non-Voting, Participating, Redeemable Shares – issued in various classes	\$_500,000,000		\$ 4.	500,000
				_	
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$		\$	
	Other	\$		\$	
	Total	\$_500,000,000		\$ 4.	500,000
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".				
	Accredited Investors	Number Investors 3		Do of	Aggregate Ilar Amount Purchases 500,000
	Non-accredited Investors	0		\$	0
	Total (for filings under Rule 504 only)	N/A		\$	0
	Answer also in Appendix, Column 4, if filing under ULOE				
4.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
		Type of		Do	llar Amount
	Type of offering	Security			Sold
	Rule 505	N/A		_	0
	Regulation A	N/A		\$	0
	Rule 504	N/A		\$	0
	Total	N/A		\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	
	Printing and Engraving Costs			\$	
	Legal Fees		<u>区</u>	_	0,000
	Accounting Fees.		×		5,000
	Engineering Fees			\$	· , +
	Sales Commissions (specify finder's fees separately)		_	\$	
	Other Expenses (identify), Marketing Expenses		⊠	-	0,000
	Total		×		5,000
	• • • • • • • • • • • • • • • • • • • •		_	4 /	-,~~

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D U	SE OF PROC	EEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and the total expenses furnished in response to Part C – Question 4.a. t difference is the "adjusted gross proceeds to the issuer".	his		\$	_499,925,000
4.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed be used for each of the purposes shown. If the amount for any purpose is not known, furn an estimate and check the box to the left of the estimate. The total of the payments lis must equal the adjusted gross proceeds to the issuer set forth in response to Part C Question 4.b above.	ish ted			
			Payments To Officers, Directors, & Affiliates	Ł	Payments To Others
	Salaries and fees	_	\$		\$
	Purchase of real estate		\$		\$
	Purchase, rental or leasing and installation of machinery and equipment		\$	_	\$
	Construction or leasing of plant buildings and facilities		\$		\$ <u> </u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	000	\$ \$		\$ \$
	Other (specify): Investments in Real Estate Related Securities_		\$499,925,000		Ф <u></u>
	Column Totals	×	\$499,925,00	_	\$
	Total Payments Listed (column totals added)		⊠ \$	- 499, <u>925</u>	,000
	·		·		
	D. FEDERAL SIGNATURE				
ſο	te issuer has duly caused this notice to be signed by the undersigned duly authorized person. Howing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities aff, the information furnished by the issuer to any non-accredited investor pursuant to paragra	Cor	nmission, upo	n writter	
	ssuer (Print or Type) ceberg Alternative Real Estate I Fund Limited Signature			Date O	104108
1	Name of Signer (Print or Type) Title of Signer (Print or Type)		I		· ,
(Christophe Reech Director				

ATTENTION ________ Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)